**Insert logo and address here**

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Dear Parent/Provider:

Our program provides nursing health oversight for children enrolled in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Early Head Start (EHS) programs. We recently conducted a health record review for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Head Start center. We found the following items missing/incomplete in the student’s health record.

Current well-child exam

Blood Lead Level (circle) 12-month 24-month

Anemia test (circle) 12-month 24-month

Immunizations (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental referral

A child who does not receive well-child exams, screenings, lab tests, and immunizations per the Healthy Kids Preventative Health (EPSDT) schedule may lose his or her spot in the EHS program. Please schedule an appointment today to bring the missing items above up to date. Thank you!

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, RN Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_